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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

10/01/10

Attorney Docket No.: S-97,774

First Inventor or Application Identifier: Eric S. Maniloff et al.

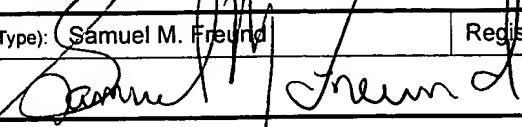
Title:

NONDEGENERATE FOUR-WAVE MIXING USING
PHOTOINDUCED CHARGE-TRANSFER MATERIALS

Express Mail Label No: EJ039304011US

Jc971 U.S.P.T.O.
10/09/01

10/04/01

APPLICATION ELEMENTS		ADDRESS TO: Box Patent Application Commissioner for Patents Washington, DC 20231	
1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g. PTO/SB/17) <i>(submit an original and a duplicate for fee processing)</i>		6. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)	
2. <input checked="" type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i>		7. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i>	
3. <input checked="" type="checkbox"/> Specification [Total Pages 15] <input checked="" type="checkbox"/> Descriptive title of the Invention <input checked="" type="checkbox"/> Cross References to Related Applications <input checked="" type="checkbox"/> Statement Regarding Fed sponsored R&D <input type="checkbox"/> Reference to sequence listing, a table or a computer program listing appendix <input checked="" type="checkbox"/> Background of the Invention <input checked="" type="checkbox"/> Brief Description of the Drawings (if filed) <input checked="" type="checkbox"/> Detailed Description <input checked="" type="checkbox"/> Claim(s) <input checked="" type="checkbox"/> Abstract of the Disclosure		a. <input type="checkbox"/> Computer Readable Copy b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statement verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
8. <input type="checkbox"/> Assignment Papers (cover sheet & documentation)			
9. <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)			
10. <input type="checkbox"/> Information Disclosure <input type="checkbox"/> Copies of IDS Statement (IDS)/PTO-1449 Citations			
11. <input type="checkbox"/> Preliminary Amendment			
12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(should be specifically itemized)</i>			
13. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
14. <input type="checkbox"/> Request and Certification Under 35 U.S.C. 122(b)(2)(b)(i)			
15. <input type="checkbox"/> Other: Petition for Extension of Time			
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application S.N. 08/889,787.			
Prior application information: Examiner M. Angebranndt		Group/Art Unit:1756	
<small>For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</small>			
16. CORRESPONDENCE ADDRESS			
Name: Samuel M. Freund			
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Country United States Telephone: (505) 66 Fax: (505) 665-3100			
Name (Print/Type): Samuel M. Freund		Registration No. (Attorney/Agent): 34,516	
Signature: 		Date: October 04, 2001	

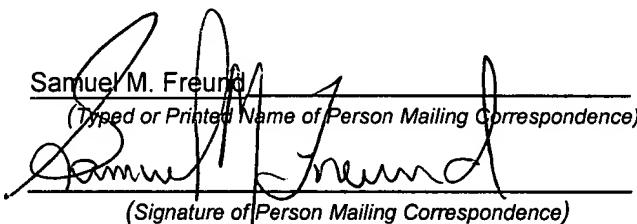
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CERTIFICATE OF MAILING BY "EXPRESS MAIL" (37 CFR 1.10)				Docket No.
Applicant(s):				S-97,774
Serial No	Filing Date October 04, 2001	Examiner	Group Art Unit	
Invention: NONDEGENERATE FOUR-WAVE MIXING USING PHOTOINDUCED CHARGE-TRANSFER MATERIALS				

I hereby certify that this Utility Patent Application Transmittal with listed documents
(Identify type of correspondence)

is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under CFR 1.10 in an envelope addressed to: The Assistant Commissioner for Patents, Washington, D.C. 20231

on October 04, 2001.


Samuel M. Freund
(Typed or Printed Name of Person Mailing Correspondence)
(Signature of Person Mailing Correspondence)

EJ 039304011US
("Express Mail" Mailing Label Number)

Note: Each paper must have its own certificate of mailing.

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FEE TRANSMITTAL For FY 2002

Patent fees are subject to annual revision

Complete if Known	
Application Number:	
Filing Date:	October 04, 2001
First Named Inventor:	Eric S. Maniloff
Examiner Name:	
Group/Art Unit:	
Attorney Docket No.:	S-97,774

METHOD OF PAYMENT

1. The commissioner is hereby authorized to charge indicated fees and credit any over payments to:
 Deposit Account Number: 12-2150
 Deposit Account Name: Los Alamos National Laboratory
- Charge Any Additional Fee Required Under
 37 C.F.R. 1.16 and 1.17
- Applicant claims small entity status.
 See 37 CFR 1.27

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee	Small Entity Fee	Fee Description	Fee Paid	Fee Paid
\$740	\$370	Utility filing fee	370.00	
\$740	\$370	Reissue filing fee		
\$160	\$80	Provisional filing fee		
SUBTOTAL (1)		370.00\$		
SMALL ENTITY DATE:				
2. EXTRA CLAIM FEES				
		Extra Claims	Fee from Fee Paid Below	
Total Claims	8	-20** = 0	X	= \$0.00
Independent	1	-3 ** = 0	X	= \$0.00
Claims				
Multiple Dependent			=	
** or number previously paid, if greater; For Reissues, see below				
Large Entity Fee				
\$18	\$9	Claims in excess of 20		
\$84	\$42	Independent claims in excess of 3		
\$280	\$140	Multiple dependent claim, if not paid.		
\$84	\$42	** Reissue independent claims over original patent		
\$18	\$9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)		\$0.00		
Other fee (specify) _____				
Other fee (specify) _____				
		SUBTOTAL (3)		\$55.00
Reduced by Basic Filing Fee Paid				
		SUBTOTAL FROM 1		\$370.00
		SUBTOTAL FROM 2		\$
		SUBTOTAL FROM 3		\$055.00
		TOTAL AMOUNT OF PAYMENT		\$425.00

SUBMITTED BY

Complete (if applicable)

Printed Name: Samuel M. Freund Reg. No. 34,516

Signature: *Samuel M. Freund* Date: 10/04/01 Telephone: (505) 667-9701**BEST AVAILABLE COPY**